VS. A15ME(S) 5M 9/55 100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05477 Reg. Dist. No. 365

g. COUNTY	Somerset		MARYLA		2. USUAL RESIDENCE (No. STATE Maryl		ned lived. If Institution by COUNT			mission)
b. CITY OR TOWN (1	outide corporate limits, write Crisfield	RURAL	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (II Crist		rporate limits, write	RURAL and g	jive nearest	lown)
d. NAME OF HOSPIT	71 Richard		pital, give street address) VO e		d. STREET ADDRESS 71 Ri	chard	son Ave.		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir WILL		Middle HENRY		AGER	4. DATE OF DEATH	May	h 2	Day	Year 1956
5. SEX Male	6. COLOR OR RACE	7. MARRIE	DIVORCED		une 18, 187	7	9. AGE (In years lost birthday) 78 yes.	Months Do	YEAR IF UN	DER 24 HRS.
10a. USUAL OCCUPATION during most of working Propriet		done 10b. K	shoe Repair	-			country)		S A	T COUNTRY?
13. FATHER'S NAME	Unknown			1	4. MOTHER'S MAIDEN I	NAME				
15. WAS DECEASED EV	ER IN U. S. ARMED FO				etta P. A	ger-S	. First S	tCri	sfiel	d, Md.
	diate couse	C	oronary Dise		s Williams	H. C	OUTDONN'S	W. BOD.	unk:	DEATH LOWIN
Su Su	her significant con bject was c	ditions <u>co</u> le cea s	ontributing to death B	s c	alled POR	IN MILETISEA	SE CONDITION GIV	VEN IN PART I		FORMED?
20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH. 20g. TIME OF INJU Hour o. m. p. m.		ar 20d. 1	NJURY OCCURRED 200.	PLACE	OF INJURY (Home, form, street, affice bldg., etc.	m, 20f. (Ci)	y or town)	(Count	(y)	(State)
		-	emains described of	Suici	e, held an Autaps de [], Hamicide _{M.D.} CHIEF MEDICAL E		nspection (A)	-		find that
EXAMINER'S NAME (Type)	William H.	Coulb	ourn		ASSISTANT MEDICAL		W	May 3,	1956	
22d. BURIAL, CREMATIC REMOVAL Specify BUTIES	May 4,		22c. NAME OF CEMETERY Crisfield C				field, Ma			ate)
23. FUNERAL DIRECTOR Bradshaw		isfie	ADDRESS old, Maryland			D BY REGIS		STRAR'S SIGN	4	love

BUREAU V. S.

azei oi yam

BECEIVE

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5484

CERTIFICATE OF DEATH

Reg. Dist. No. 05478

1. PLACE OF DEATH 0. COUNTY	Somerset	MARYLAND		ece (Where deceased ryland		on: Residence be Somerse		ssion)
b. CITY OR TOWN (I	Foundation Cristield	40 years		WN (If autside carpoi	rote limits, write f	RURAL and give	neorest law	m)
	At (If not in haspital, give street 335 Broadw		d. STREET ADD	Broadway	r		ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	GEORGE	MILLIAM	AMES	4. DATE OF DEATH	Mod Mag		Doy 13	Yeor 19 56
5. SEX	6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Day		ER 24 HRS.
Male	Colored wipowi	" 'Ugg had	Aug. 12,	1864	91 yrs.	Months Day	Hours	Min.
100. USUAL OCCUPATION during most of work laborer	ON (Give kind of work done 10b. king life, even if retired)	kind of Business or Indu food Industry	STRY 11. BIRTHPLAC	E (State or foreign comac County	ountry) 7, Va.	12. CITIZEN		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MA					
J	ames Ames			Annie l	Henderson	1		
	R IN U. S. ARMED FORCES? 16.		nformant iss Ellen	AmesCri	sfield,	Md.		
20g. ACCIDENT WA	mmediate the under DUE TO (c)— LER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT				VEN IN PART 1(o)	PERFO	AUTOPSY DRMED? NO P
20c. TIME OF INJUR Hour a. n. p. m.	Y Month, Day, Year 20d. It While of wor	Not while fo	ACE OF INJURY (Hor clory, street, office bl	ne, form, 20f. (City dg., etc.)	or town)	(Count	y)	(State)
actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify) DUL 1.2. 23. FUNERAL DIRECTOR'	May 16, 1956	22c NAME OF CEMETERY OF LAWSONIA GEM	M.D. Bain R CREMATORY	ADDRESS (St. St. St Cri.	sfield,	and on the costate) Md a	late stat	ed above
Bradshaw	& Sons- Crisf:	ield, Md.	Di	ATE May 17. 19	or Bu	beer it.	ale	

ON OF REALTH-CARTINDIES IN	APPARENT ENTERNAL	71(4)*
STATE TO ST		
		not wear.
	The state of the s	
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
	A no	
BUREAU V. S. 1956		
BECENALU		1 month resident

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

211011

certificate deoth that the requires

VS A15 (4) 15M 9/55

Months Days Hours 12. CITIZEN OF WHAT COUNTRY! INTERVAL BETWEEN ods PERFORMED? YES NO (County) (State) 19.56 that I lost saw the deceased (State) 24b. REGISTRAR'S SIGNATURE

05480

OMOTS RI

Day

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1956

HIASO TO STADRITISD

solution.

BUREAU V. R.

8861 19 YAN - -

BECEINED

SELVEN STREET

ALL TURNINGS

A WOLLDON

THE PERSON NAMED IN

ADDRESS

RISFIELD

05481

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stole)

Doys

(County)

24b. REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

e. IS RESIDENCE

ON A FARM? YES NO E

Year

1956

FUNERAL pode 0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



M

deoth: Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05482	
-------	--

5491 CERTIFICATE OF DEATH

	Dist.	MI.	-	1	-
Reg.	Dist.	No.	~	6.	5

1. PLACE OF DEATH o. COUNTY	Somerset		MARY		o. STATE Maryl		b. COUNTY	Somerse	t	ission)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limi learest town Crisfi	eld	3 days	IN 1b	c. CITY OR TOWN (I		orate limits, write l	URAL ond give	nearest to	wn)
	TAL (If not in haspital, a	ive street add			d. STREET ADDRESS Smith	Islan	đ	1	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	WELDO		MESLEY		EVANS	4. DATE OF DEATH	May May	21	Day	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIE	650	ate of Birth	1	9. AGE (In years last birthday)	Months Doy		
100. USUAL OCCUPATION of working most of worki	ON (Give kind of work a rking life, even if retired	done 10b. Kit	None	R INDUSTRY	Tylerton,			USA	N OF WH	AT COUNTRY
13. FATHER'S NAME	Weldon	Evans		1	4. MOTHER'S MAIDEN	a Mars	hall			
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of a		CIAL SECURITY NO.		rmant eady Hospi	tal—C		Maryla	ind	
Conditions, if a gave rise to couse (a), storing lying couse last. Part IL OT	the under DUE TO	, 4	foreh	ead	T RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	VEN IN PART 1(c	5) 19. WA	S AUTOPSY FORMED?
	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER]	206. DESCRI	BE HOW INJURY OF	0 - 1	nter notuce of injury i	in Part I or Pa] NO [3-
Y 20c. TIME OF INJUI		White of work	Nat white	toctory	OF INJURY (Hame, for, street, office bldg., o	orm, 20f. (Cit	y or tawn)	(Cour	ntyj	(State)
21. I certify to alive on 777	hot I offended the	deceased , 12.54	from May	death oc	. 19.56, to curred at 3:00	L.M. fro	m the couses of Street, city or town,	ond on the	t saw the date state $\frac{5}{2}$	e decease oted above DATE SIGNE
PHYSICIAN'S NAME (Type)	G. G. Raw		0. 11115 07 (7117	Tray on a			isfield,			
Building (Specify	May 24,		Tylerton	Cemet	ery		lerton, l			rate)
23. FUNERAL DIRECTOR Bradshaw	& Song-Cr	isfield	address d, Marylan	nd		Soul of		STRAR'S SIGNA		1



SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

20

q

×	9		.5	
- NO.	hould		cremation	
BI	4		Ö	
چَ	9	1	rial	
Š	4		3	
			5	_{pd} on 2
ı	1	197	(E)	I
4	- -	files,	0.00	I
ļ	Die	200	E	0:
É	F). In	e reg	•
1.24 hours affer depth. It	he	to to	å.	
Ę	to the	peuio	垂	
oe o	2, and 3	elo	3	
5	guo	ay be reli	P	
6	લં	×	ō	
2		Ü	8	100
20	Pages 1,	1	Š	ı
N.	20	0	·-	200
5	N Ye		Œ	
WITHIN	Give	PM3.	ě	
ē	200	E	Ser	
8	em	Fari	nsit permi	
Utd be executed	in pencil in Item 18.	long with form	ē	
0	=	3	芸	
2	en	Ě	Ę,	
929	G.	0	-22	
	-	s Office	000	
2	<u>.</u>	ō	Pe	
22	9	- K	be used	
Ö.	:-	Ę.	ě	
THARKS INIS CERTIFICATE	P.	Exom	SUS	
É	e word	5	¥	
2	£	ö	0	
Š	E E	ž	Pog	
Š	writin	e	ec	
< u = 1 × 1	ě	5	2	
Ì	Ä	The Chief	REC	
	Z	5	0	
	e cer	70	Z	noval.
3	the	ord	2	
3	9	W 10	5	r cel
	ō	Ť.	0	Q
			-	
15.	A	15/	WE(55	5)
8	M	9/	55	

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND D. CITY OR TOWN (If outside corporate Kmith, write RURAL and give nearest lown) ord give nearest fown) Fairmount d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF DECEASED (Type or print) Nehemiah Lattimore 4. DATE OF DEATH May 9 1956 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BLOATE OF BIRTH DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Westerman Maryland 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before odmission) S. SLATE C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Fairmount C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Fairmount G. STREET ADDRESS 4. DATE OF DEATH May 9 1956 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BLOATE OF BIRTH DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Westerman Maryland 12. CITIZEN OF WHAT COUNTRY? Westerman Maryland 14. MOTHER'S MAIDEN NAME
b. CITY OR TOWN (If puriodic corporate Hinits, write RURAL and give necrest Jown) Fairmount d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 4. DATE OF Month Day Year OF DEATH May 9 19 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) Is UNDER 1YEAR IF UNDER 24 HRS. Menths Days Hours Min. 100. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired) Waterman Maryland 12. CITIZEN OF WHAT COUNTRY?
b. CITY OR TOWN (If potride corporate limits, write RURAL and give nearest lown) Fairmount d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give errect oddress) At Home 3. NAME OF DECEASED (Type or print) Nehemiah Lattimore 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED March 7, 1875 March 7, 1875 81 years c. LENGTH OF STAY IN 1b RIP OF TOWN (If outside corporate limits, write RURAL and give nearest lown) Fairmount d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO DO OF DECEASED (Type or print) Nehemiah Lattimore 9. AGE (In years lost birthday) Months Doys Hours Min. Months Doys Hours Min. 10a. USUAL OCCUPATION (Give kind of work done) Output Divorced 10b. KIND OF BUSINESS OR INDUSTRY Maryland 11. BIRTHPLACE (State or fareign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
Fairmount d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) At Home 3. NAME OF DECEASED (Type or print) Nehemiah Lattimore 4. DATE OF BEATH Nehemiah Lattimore 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED March 7, 1875 WIDOWED DIVORCED March 7, 1875 Nehemiah 10a. USUAL OCCUPATION (Give kind of work done) With Widows 10b. KIND OF BUSINESS OR INDUSTRY Waterman Maryland 12. CITIZEN OF WHAT COUNTRY?
d. STREET ADDRESS a. IS RES DENCE ON A FARM? YES ON O FARM? YES NO O 3. NAME OF DECEASED (Type or print) Nehemiah Lattimore 5. SEX 6. COLOR OR RACE WIDOWED DIYORCED March 7, 1875 Wildow Diyorce of Month Day Yeor 9. AGE (In years lost birthday) Month Doys Hours Min. 9. AGE (In years lost birthday) Month Doys Hours Min. 9. AGE (In years lost birthday) Month Doys Hours Min. 10a. USUAL OCCUPATION [Give kind of work done during most of working Fire, even if refired) Westerman Maryland U.S.A.
At Home 3. Name Of Deceased (Type or print) Nehemiah Lattimore 6. COLOR OR RACE Widdle Lost A. DATE Of DEATH Day Year 19 56 5. SEX 6. COLOR OR RACE Widdle Lost A. DATE Of BEATH Day Pear 19 56 SEX 9. AGE (In years lost birthday) Widdle New Markied New Markied New Markied Never Mark
3. NAME OF DECEASED (Type or print) Nehemiah Lattimore S. SEX 6. COLOR OR RACE Widowed Divorced Markied New Month Widowed Divorced March 7, 1875 Month 9. AGE (In years) If UNDER 1YEAR IF UNDER 24 HRS. Month Month 100. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired) Waterman Maryland 4. DATE OF BISTH P. AGE (In years) If UNDER 1YEAR IF UNDER 24 HRS. Months Doys Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waterman Waterman
Color or RACE The Marked Nehemiah Section Nehemiah
(Type or print) Nehemiah Lattimore DEATH May 9 1956 5. SEX 6. COLOR OR RACE White Widowed Divorced March 7, I875 81 yrs 100. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired) Waterman Maryland 105. SEX 106. COLOR OR RACE Widowed Divorced March 7, I875 Nehemiah 9. AGE [In years life UNDER 24 HRS.] Menths Doys Hours Min. 112. CITIZEN OF WHAT COUNTRY? Waterman Waterman Maryland U.S.A.
male white WIDOWED DIVORCED March 7, 1875 81 yrs Menths Doys Hours Min. 10a. USUAL OCCUPATION [Give kind of work done during most of working Fre, even if refired) Waterman Maryland U.S.A.
male white WIDOWED DIVORCED March 7, 1875 81 yrs 100. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired) waterman Maryland U.S.A.
waterman Waterman Maryland U.S.A.
waterman Waterman Maryland U.S.A.
Thomas Lattimore Elizabeth Walston
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
no no 212-16-1247 Mrs Lottle Lettimore Fairmount, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
DUE TO
Godfiles is an alia) Herby Tree and
gove rise to immediate cause
(o), stating the underlying DUE TO
PERFORMED?
YES NO B
ZOG. EXTERNAL CAUSE WAS PRIMARY Or ONTRIBUTING OF CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote) Hour o. m. While Not while of work o
p. m. 19 of work of two the of work
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry P, and find that
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER [] DATE SIGNED
ASSISTANT MEDICAL EXAMINER 17
EXAMINER'S R. H. Johnson, M.D. DEPUTY MEDICAL EXAMINER (Type) R. H. Johnson, M.D.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
burial 5-12-1956 Fairmount Cemetery Fairmount, Maryland
23. FUNLERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAN'S SIGNATURE
Join Wilcon Princess Anne. Md. DATE 3/2/56 Kith, whuse of, Min.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.



200 puo filled in I Poges 1 ē death. ofter certificate be e ottending physician a en please remove carb at wathin 72 hours after requires that the deoth The otter à permit. any paudis Sienting purporter of a second **burial-transit** removal certificate FUNERAL DIRECTOR: / age 3 shauld be detach registrar prior 0 VS A15 (4)

O

The law requires that the death certificate be executed within 24 hours after death.

The law requires that the death completely filled in by the funeral in the board campletely filled in by the funeral in the board campletely filled in by the funeral in the board campletely filled in by the funeral in the board campletely filled in by the funeral in the funeral campletely filled in by t

TA

=

8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66547 6562 **CERTIFICATE OF DEATH** Reg. Dist. No.26 8 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Irved. If institution; Residence before admission) COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **c** LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospitol, give street/address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES INO TO NAME OF Middle 4. DATE Month Doy DECEASED OF DEATH 1 BOURNE (Type or print) 19 2 6 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years IN UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Dovs WIDOWED | DIVORCED | YD USUAL OCCUPATION (Give find of work done 106 KIND OF BUSINESS OR INDUSTRY 12_CITIZEN OF WHAT COUNTRY uring most of forking fife dven it retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME VENS AMES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Coronery Thrombosis Minutes **DUE TO** Years Conditions, if ony, which Arteriosclerotic Heart Disease gave rise to Immediate **DUE TO** couse (o), stoling the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO T Hypertension 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of stem 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. m. While Not while of work of work 21. I certify that I attended the deceased from June , 19.55, to May 14 , 19.56, that I last saw the deceased 19.56..., and that death accurred at 10A.M, from the causes and an the date stated above. alive on____ ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Dares Quarter, Maryland, 5-16-56 N Everett Clayton Sutter MD (ype 22a. I CREMATION 226. TA: NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town (State) /AL (Specify) Cemelety 23 ORECTOR'S SIGNATURE ADBRESS 240. KEC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24b.

oni sphil.

VS. A15ME(5) 5M 9/55 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5487MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05487

XAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 265

2 USUAL RESIDENCE (Where deceased lived | If institution; Residence before admission)

a. county Somerset		MARYLANI	a STATE M	ryla	nd	b. COUNT	Y Som	erse	t	
b. CITY OR TOWN (If outside corporate limits,	write RURAL	c. LENGTH OF STAY IN 18	e. CITY OR T	OWN (If o	outside con	porate limits, write	RURAL or	d give n	earest ta	rn)
	d	Lifetime	C:	risfi	eld					
d. NAME OF HOSPITAL OR INSTITUTION	V (If not in hospi	ital, give street address)	d. STREET AD	DRESS					e. IS RI	SIDENCE A FARME
9 Pear S	t.		9	Pear	St.				YES [NO 🚺
NAME OF	First	Middle	Lost			Mont	h	Day	Υ	ear
(Type or print) WILL			MORGAN	Sr	DEATH	May	31		1	9 56
	CE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH			9. AGE (to years lost buthday)				ER 24 HRS.
Male White			Sept. 19	, 189	5	60 yrs.	Monres	Days	Hours	Min.
On USUAL OCCUPATION [Give kind of wo during most of working life, even if refire	ork dane 10b. Kill id)	NO OF BUSINESS OR INDU	STRY 11 BIRTHPLA	CE (State a	ir foreign ç	country)	12. Cr	TIZEN OF	TAHW	COUNTRYP
Grower	Po	ultry	Poco	noke,	Mary	land	US	IA		
3. FATHER'S NAME										
Daniel	Morgan			lucen	ie Mo	rgan				
15 WAS DECEASED EVER IN U. S. ARMED Yes, ng., or unknown) (If yes, give wer or done	n of service)									
No	21	4-03-7587	Wrs. Lill:	ie Mo	rgan-	9 Pear S	tCr	isfi	eld,	Md.
								INTER	VAL BETWE	EN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Pisto	1 shot wound	in mouth	pas	sing	upward i	n hea	d		
N DUE	ro (-32	caliber)				_				
Conditions, if ony, which	в Непш	oraging								
	10 (17	3 30 1 031		* .						
cause last.	1-1									
PART II. OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERM N	IAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 15	PERFO	AUTOPSY RMED2
3								۲	res 🔲	NO X
PRIMARY OF CONTRIBUTING										
5 20c. TIME OF INJURY Month, Day,	Year 20d, IN	JURY OCCURRED 200 PI	ACE OF INJURY (Ho	me, form, ldg., etc.}	20f (Cit)	or town)	(Co	ivnty)		(State)
	19 JO at work	at work	nome		Uris	Tield				yland
21. I certify that I taak char	ge of the re	imains described ab	ove, held on /	vutopsy	□, 1	nspection 🛴,	Inqui	ry 📉	and	ind that
death resulted from: Natur	al causes 🔲	, Accident 🔲, S	vicide 🌠 , Ha	micide	VIII	per Maed	ज्याती है	urn	, M.	D
my	- 16	3								
SIGNATURE C	rouel	TOURN	M.D. CHIEF ME	DIÇAL EXA	MINER	CAMBINA	TE COL		MAILS	iones
EXAMINER'S	77	- 4				19999	2	1056	A	4
NAME (Type) DI's WILLIA				EDICAL EX	CAMINER	Q OULT	c 2,	1720		
									(State	1)
3. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	2	4a. REC'D	BY REGIST	RAR 24b, REGI	STRAR S SI	GNATUR	E	
Bradshaw & Sons-	-Crisfie	ld, Md.		DATE (13 /s	56 Bas	Lus.	8.00	Lor	1
S. C.	b. CITY OR TOWN (If entride corporate limits, and give nearest form) Crisfiel d. NAME OF HOSPITAL OR INSTITUTION 9 PORT S NAME OF DECEASED (Type or print) SEX 6 COLOR OR RA Nale White Co. USUAL OCCUPATION [Give kind of we during most of working life, even if referred for own of the control of the	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest form) Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in hosping processes) Pear St. NAME OF DECEASED (Type or print) SEX 6 COLOR OR RACE 7 MARRIED FIRST WIDOWED OUTSIDE WITH WIDOWED OUTSIDE WIDOWED OUTSIDE WITH WIDOWED OUTSIDE WIDOWED O	b. CITY OR TOWN If authode corpore limits, write RURAL and give members from Crisfield Lifetime d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 9 Pear St. NAME OF DECRASED First Middle HARRISON SEX G. COLOR OR RACE TO MARRIED TO NEVER MARRIED WIDOWED DIVORCED DOUGHTON (Give kind of work dame to the working life, even if retired) G. USUAL OCCUPATION (Give kind of work dame to be kind of working life, even if retired) G. USUAL OCCUPATION (Give kind of work dame to be kind of working life, even if retired) G. USUAL OCCUPATION (Give kind of work dame to be kind of working life, even if retired) G. USUAL OCCUPATION (Give kind of work dame to be kind of working life, even if retired) G. USUAL OCCUPATION (Give kind of work dame to be kind of BUSINESS OR INDUCTION OF BUSINESS OR I	D. CITY OR TOWN If authods corporate limits, wine RURAL c. LENGTH OF STAY IN 16 C. CITY OR TOWN If authods corporate limits, wine RURAL c. LENGTH OF STAY IN 16 C. CITY OR TOWN IN authods are an author of monomatic laws) 9 Pear St. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 9 Pear St. NAME OF BECEASED WILLIAM HARRISON MORGAN, 10 PEACH WILLIAM HARRISON MORGAN, SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED Sept. 19, 3. FATHER'S NAME Datiel Morgan 10 WAS DECEASED EVER RN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO. 17. INFORMANT Co. 18. MARRIED WILLIAM WAS CAUSED BY: MAMEDIATE CAUSE (I) MARRIED SHOP WOULD IN MORGAN. 18. CAUSE OF DEATH [Enter only one coute per lime for (c), (b), and (c). PART I. DEATH WAS CAUSED BY: MARRIED SHOP WOULD IN MORGAN. 18. CAUSE OF DEATH (Enter only one coute per lime for (c), (b), and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE (I) WOULD SHOP WOULD IN MORE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE OF DEATH. 200 EXTERNAL CAUSE WAS PROVIDED BY AND	B. CITY OR TOWN	B. CITY OR TOWN III counded corporate firms, wine RURAL CTISFIELD I. CITY OR TOWN III counded corporate firms, wine RURAL I. C. LENGTH OF STAY IN 1b LIFE time CTISFIELD C. CITY OR TOWN III ounide COT CTISFIELD I. LIFE time CTISFIELD C. CITY OR TOWN III ounide COT CTISFIELD C. CITY OR TOWN III ounide CT COLOR OR TALE COLOR OR TALE C. THE MEDICAL EXAMINED ASSISTANT MEDICAL EXAMINED C. CITY OR TOWN III ounide CT CTISFIELD C. CITY OR TOWN III ounide CT CTISFIELD C. CITY OR TOWN III ounide CT C. CITY OR TOWN III ounide CT C. CITY OR TOWN III ounide CT C. CITY OR TOWN C. THE MEDICAL EXAMINED C. CITY OR TOWN C. THE MEDICAL EXAMINED C. CITY OR TOWN C. THE	b. CITY OR TOWN (if counds corporate limits, were RUPAL Crisfield A STREET ADDRESS 9 Pear St. DATE OBATE OBATE Month May SEX 6 COLOR OR RACE 7 MARRIED NOVER MARRIED Sept. 19, 1895 Color Or RACE 7 MARRIED NOVER MARRIED Sept. 19, 1895 COLOR OF RACE 7 MARRIED NOVER MARRIED Sept. 19, 1895 COLOR OF White Widows of work done on your done of working of working life, even if refired by Death Sept. 19, 1895 COLOR OF WAS DECEASED EVER NO. S. ARREE FORTING OF BUSINESS OR INDUSTRY IN INDUSTRY IN INDUSTRY IN INDUSTRY IN INCREMANT A MOTHER'S MANDEN NAME Daniel Morgan 5 WAS DECEASED EVER NO. S. ARREE FORTING OF COURS OF COURSE OF CRISTIAN	DECENSE OF DEATH (Enter only one some DEAN OF STAY IN 16 and corporate limit, write RURAL or or green necessis better) Orisfield Iffetime (Crisfield Crisfield Crisfi	DECENSION IN STREET SOME SOME AND STREET SOME SOME SOME SOME SOME SOME SOME SOME	D. CITY OR TOWN if counts corporate forms, were turks of the content of the count o

.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5/22	CERTIFICATE OF DEATH
33.50	

05488 Reg. Dist. No. 26.5	_

1. PLACE OF DEATH a COUNTY	Somerset		MARYLA	ND	2. USUAL RESIDENCE (STATE Maryl	Where dec	eased	lived. If instituti b. COUNTY				on)
b CITY OR TOWN (If outside corporate limit earest town Crisfi	s, write	c. LENGTH OF STAY IN Lifetime	1 1b	c. CITY OR TOWN (Crist		orpore	ote limits, write R	URAL ond	giva neo	rest town	
d NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, g 125 Ch		eake Zvc.		d STREET ADDRESS	hesar	pea]	ke Ave.		,	ON A	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JOHN	t	WESLEY		PARKER	4. DA OF DE		Mon May		20 ^{Don}		ear , 56
s sex Male	6. COLOR OR RACE White	7 MARR	ED DIVORCED	10.5	April 12, 1	893	9	AGE (In years last birthdoy) O3 yrs.	IF UNDER Months	1 YEAR Doys	Hours	Min.
der no most of wor Ship Carp	ON (Give kind of work of king life, even if retired) enter	one 10b.	kind of Business or arine Railwa		TRY 11. BIRTHPLACE (SHE		_			ISA	F WHAT	COUNTRY
13 FATHER'S NAME	Joseph Par	ker			14. MOTHER'S MAIDER	tie E	Parl	KS .			•	
IS WAS DECEASED EVE (Yes, op. or unknown) IOS	FR IN U. S. ARMED FORCE (If you give your or defee of se		social security no. 17-05-8073	/	rs. Chester	Tyler	:_1/	Add 25 Chesa		Ave	Cr	isfię
	ATH [Enter only one can ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	-	ne for (a), (b), and (c).	_	Chrombos	in					RVAL BET	
Conditions, if a gave rise to i cause (o), stoting tying couse last. PART II. OTI	the under: DUE TO		CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TER	RMINAL DIS	SEASE	CONDITION GIV	EN IN PAR	T 1(a) 15	PERFOR	UTOPSY MED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b DESI	CRIBE HOW INJURY OCC	URREC). (Enter nature of injuty	in Part I or	Part	II of item 18.)			(
Y 20c. TIME OF INJUING Hour a. jt.	RY Month, Day, Yea	r 20d it While of wor	Not while	De. PLA	CE OF INJURY (Hame, forty, street, affice bldg.,	erm, 20f.	(City 4	or lown)	(4	Caunty)		(State)
21. I certify the alive on ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	nat I attended the 1420		ed from 2/29 56, and that d		occurred at 2:3	aam, I	fram		and an ti		e state	
PHYSICIAN'S NAME (Typo)	C. G. Rawle				Me	uin St	t	-Crisfie	1d, N	aryl	and	
220. BURIAL, CREMATIC	May 22, 19		American J		crematory lon Cemetery			ON (City, town, o		ıd	(State)
23. FUNERAL DIRECTOR Brads		-Cri	sfield, Mary	ylaı		5/24/	GISTR		STRAR'S SIG	-	_	



BUREAU Y. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

5493

05489

Reg. Dist. No 260

I FLAGE OF DEATH		Z. USUAL RESIDENC	E (HOME) OF DECEASE	
countSomerset	MARYLAND	STATE Marylar	nd county Bomen	rset
CITY (II outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY [In this place]		te limits, write RURAL and give nos	irest town)
TOWN Princess Arme	8I vears	TOWN Princ	ess Anne	
HOSPITAL OR	. 02 0020	STREET	(If rural give focation)	
INSTITUTION OR STREET ADDRESS		ADDRES\$		
3. NAME OF (First)	Middle)	(Lest)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) John	A Dom		OF DEATH	
5. SEX 6. COLOR OR 7, SINGLE, MARRI	A. Pope		AGE lest birthday IF UNDER	18 18 19 56
RACE WIDOWED, DIV	ORCED,		Months	Days Hours Min.
male white maffred d	D OF BUSINESS	1) BIRTHPLACE (State or foreign	8I yrs.	
dona during most of working life, even if OR	INDUSTRY	II DIVILLANCE (2) BIS OF SOURCE		COUNTRY?
retired farmer farm	ing	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
George Pope		Melvina P		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 - (Yes, no, or unk.) (If Yes, give wer or deleas of service)	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
no no	no	Mrs John	A. Pope Prine	cess Anne
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	Marry Land	ONSET AND DEATH
	in white	Anchana	1.1	
IMMEDIATE CAUSE (A)	7 10 0 0000	precent-ce		Tweek
DISEASES OR CONDITIONS, IF ANY, (B)	Cronic Mi	40 cardiller		2411.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	° / ' / -			
(C)	melity	V		5 4h
TO THE SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19a, DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom	form factory 2	TIC. WHERE DID INJURY OCCUR?	(City or lown) (Cour	YES NO I
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	ffica bldg., atc.)	THE WHOLE DID WOOK! OCCOR!	(Col) or (DWH) (COL)	nry) (Siere)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, Whit		211. HOW DID INJURY OCCUR?		
M. at w				
22. I hereby certify that I attended the decea	sed from 4-01-	-) 19 5 6 10 TM	ay 1819 5 @ that 1	last saw the deceased
alive on May 18 19 St and			uses and on the date state	
SIGNATURE TO DO DO	Λ	() ADDRI	ESS (Streat, city, Iown, stela)	DATE SIGNED
5 (lands 40)	Journ M.O.	rincer	Huma 4	La1201956
23. BURIAL, CRÉMATION, DATE THEREOF /	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Iown, or county	
Burial 5-21-1956	St. Andrew	Cemetery	Princess Anne	e. Md.
24. REC'D BY REGISTRAR'S SCHATURE	AUGUST.	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE 5/31/56 K.J. July	1 / m. 11	I wenn R.	Wilson Prince	ess Anne, Md.
- July Duge	-W 11111097	7.000, 0/1.		

-I gy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **EXAMINER'S CERTIFICATE OF DEATH** cremotion, Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If imitiations Residence before admission) g. COUNTY **b.** COUNTY OMEY MARYLAND b. CITY OR TOWN I'll owhide corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE registror prior ON A FARM? YES 🗍 NO ⋤ NAME OF Middle DATE First Month Day for your DECEASED OF 2 (Type or print) aknders DEATH 1956 Ch 47 5. SEX 6. COLOR OR RACE 9. AGE No more EUNDER LYFAR IF LINDER 24 HRS 7. MARRIED THEYER MARRIED 1 8. DATE OF BIRTH lost birthday) Months WIDOWED [DIVORCED T yrs. BIRTHPLACE (Stote or foreign country) 10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life even if refired) You 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME K) Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] executed in Item 18. with form 8 buriol-tronsit certificate should be pencil guo! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS iner's Office PERFORMED? pending be used NO Z 20g. EXTERNAL CAUSE WAS PRIMARY DA.OF CONTR BUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) F Medical Examination Poge 3 should b VEDICAL 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Not while May 2319 5 Bat work at work Q p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 7 Inquiry forwarded to the Chief O FUNERAL DIRECTOR: death resulted from: Natural causes Homicide 🔀 Accident Suicide 1. Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY-OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) **ADDRESS** 24a, REC'D BY REGISTRAR VS. ATSME(5) 5M 9/55

somery y.

TINATE TO THE

	1		MARYLA	ND STA	TE DEPARTM	LENT OF HEALT	H-BALTIN	NORE, 18	054	0.1
£			5495		CERTIFIC	ATE OF DEAT	H		Reg. Dist. No.	260
Be filed with		MACE OF DEATH SOLLR	SET		MARYLAND	2 USUAL RESIDENCE (VO. STATE RYLA		d If institution b COUNTYS	. Residence before or OI :XELET	lmission)
# ×		CITY OR TOWN (If outs RUSAL god give geares)		write c. LEN	IGTH OF STAY IN 16	e. CITY OR TOWN (III VENTON	outs de corporate	imits, write RUE	RAL and give nearest	lown)
d 2 should 1		OR INSTITUTION	not in hospitol, give	street oddress)	d STREET ADDRESS		The first section of the Plant	1 0	PESIDENCE ON A FARM?
-a		NAME OF DECEASED (Type or print)	TSAAC		Middle J.A. ES	S. TTH	4. DATE OF DEATH	Month 5	26	Yeor 19 56
Poges	5.	i.ALE 6. C	OLOR OR RACE 7	MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9 A		Months Days Ho	
Popera leoth.	100	USUAL OCCUPATION (G during most of working in LABOR	ive kind of work dor fe, even if retired)	FAR		VENTON	te or foreign country	<u> </u>	ILS A	HAT COUNTRY?
ofter o	13.	FATHER'S NAME	mas Q	Sarl	· Luit	14 MOTHER'S MAIDEN	P. Q.	407		- rs-
2 hours	1.5 (Ye	WAS DECEASED EVER IN (II yes.	J S. ARMED BOOKE give war ar datalog servi	S? 16. SOCIAL		INFORMANT	PRINCES	Addres		
Within 7	=	IB. CAUSE OF DEATH	Enter only one couse 'AS CAUSED BY. EDIATE CAUSE (a)				111110130	ALLIVI	INTERVA	AL BETWEEN
The The		420.0 Conditions, if any, v	DUE TO			ic Heart Dis	eese		Year	
d in an		gove rise to immed costs (o), stating the y	diate (Dus TO							
al-fronsi	CATION			HONS CONTRI	BUT NG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVE	P	VAS AUTOPSY ERFORMED?
or remy	CERTIFIC	20g ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	6. DESCRIBE H	IOW INJURY OCCURR	ED (Enter nature of injury i	n Part 1 or Part II o	Fitem 18.)	,	
malian,	MEDICAL	20c. TIME OF INJURY M Hour a. m	onth, Day, Year	20d. INJURY (lot while fo	LACE OF INJURY (Home, fo octory, street, office bldg., e	rm, 20f. (City or t	own)	(County)	(State)
riol, cre	*	21. I certify that I			m8-24-56	C D	5-26-56		that I last sow	
ot ot		ACTUAL 9	1.0 × 17+	C. S.	and that deat	->	ADDRESS (Street, Dames Qu	city or fown, st		DATE SIGNED
rar prio		PHYSICIAN'S NAME (Type) EVE	rett Clay	ton Su	tter LD	, М.В.				
The region		BURIAL, CREMATION, REMOVAL (Specify)		22c. I	NAME OF CEMETERY	OR CREMATORY	22d LOCATION		county) _ARYLAN	(Stote)
4)		FUNERAL DIRECTOR'S SIG		10	DORESS'	240. RE	C'D BY REGISTRAR		RAY'S SHOWATURE	m.10.
5	\vdash	V.4.1.11.27.	7	1 / 1		PARTY PARTY DANSE	1-11/24	A SAA	,,,,,,,,,	97

MEGENVEN SOLITIONS

BUREAU V. E.

4.3

la

VS A15 (4) 15M 9/55

TTENDING PHYSICIAN: The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5496

CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNT SOME SET MARYLAND 2. SIMPLE RESIDENCE (TWO the decomposite limits, write and control of the country										Key. D	1115 140.		2
C. ALMAN OF MODIFIAL (Final in brogned, your street odd res) OR INSTITUTION M. COPERCY LOSE CONTROL (Final Incomplete or street odd res) OR INSTITUTION M. COPERCY LOSE CONTROL (Final Incomplete or street) OR INSTITUTION M. COPERCY LOSE CONTROL (Final Incomplete or street) OR INSTITUTION M. COLOR OR RACE [7. MASSIED] N. SAKE OR ACCOUNT OR INTERMED CONTROL (Final Incomplete or street) OR INSTITUTION M. COLOR OR RACE [7. MASSIED] N. SAKE M. C. COLOR OR RACE [7. MASSIED] N. SAKE MITTER M. C. COLOR OR RACE [7. MASSIED] N. SAKE MITTER M. C. COLOR OR RACE [7. MASSIED] N. SAKE MITTER M. C. COLOR OR RACE [7. MASSIED] N. SAKE MITTER M. C. COLOR OR RACE [7. MASSIED] N. SAKE MITTER M. C. COLOR OR RACE [7. MASSIED] N. MASSIED M. SAKE MITTER M. C. COLOR OR RACE [7. MASSIED] M. MOTHER SMADLES (In yours In UNDER IYER) IN UNDER 14 MEX. M. MOTHER SMADLEN (In your In UNDER IYER) IN UNDER 14 MEX. M. MOTHER SMADLEN (IN YOUR IN IN INTERMED) I. M. MOTHER SMADLEN (IN IN INSTITUTE OR WHAT COUNTRY IN INTERMEDIN (IN INTERMEDIN IN INTERMEDING IN INTERMEDIN IN INTERMEDIN IN INTERMEDIN IN INTERMEDIN IN INTERMEDING	PLACE OF DEATH a. COUNTY	Somerset		MARYL	AND	2. USUAL RESI	DENCE (WE	nere deceased	d fived, If institut b. COUNTY	Some	nce befo	re admiss	ion)
d. NAME OF HOSPITAL HE NO IN TOURNET, DESCRIPTION BOTHERS IN THE PROPERTY OF INSTITUTION WITH INSTITUTION WI			is, write	c. LENGTH OF STAY II	N Ib	c. CITY OR	TOWN (If a	autside carpo	rate limits, write I	URAL and	give ned	arest lown	1]
3. NAME OF DECAMEND First Middle Mariner Section On A Fall No. 3. NAME OF DECAMEND GEORGE CLEVELAND SCHOOL Open Mariner Section On A Fall No. 3. NAME OF DECAMEND GEORGE CLEVELAND SCHOOL Open Open	NONAL UND GIVE	Crisf.	ield	Lifetime		Cr	risfie	ld			2019	à	
DECRASED OF PRATE CLEVELAND SOMERS DEATH May 25 19 56	d. NAME OF HOSP OR INSTITUTION							ts Sec	ction			ON A	FARM?
No. Used Country Divorced Sept. 25, 1832 The interval of the property of working life, even if retired Senters Sen	DECEASED	GEOR	GE	CLEVELAND			**	OF	0.0				
ONLY	5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔝 NEVER MARRIED	P 🔲	B. DATE OF BIRT	Н		9. AGE (In years			IF UNDE	R 24 HRS
100. USAL OCCUPATION (Give kind of work done) Sentor 13. FATHER'S NAME James Somers James Validin Magon-Jacksonville RdCrisfield, Particely Magon-Jackso	Male	White	WIDOW	ED DIVORCED		Sept. 2	25, 18	182		Months	Days	Hours	Min
James Somers Priscilla Morgan 15. WAS DECEASED EVER IN U. S. APMED FORCES? [16. SOCIAL SECURITY NO. IV. INFORMANT Yes. Vaughn Mason—Jacksonville Rd Crisfield, IV. INTERVAL BETWEEN IV. INTERVAL BETWEEN INTERVAL B	Sexton	ION (Give kind af work irking life, even if retired	dane 10b.	kind of Business or Church	ישטאו !	Crist	ACE (Siole	or foreign co	Land			F WHAT	COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under: [1/jing couse lost.] (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPEY PERFORMED? 18. CAUSE OF DEATH FERROR BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [19. WAS AUTOPEY PERFORMED? 18. CAUSE OF DEATH CO. TIME OF INJURY MODICAL EXAMINER) 20. TIME OF INJURY MODICAL EXAMINER) 20. TIME OF INJURY MODICAL EXAMINER 21. I certify that I altended the deceased from Measure of Injury in Part I of Here 18.} 21. I certify that I altended the deceased from Measure of Injury in Part I of Here 18. Indicated the Company of Injury in Part I of Here 18.	13. TATTLE S TANKE	Tomos	Comer	10					n				
18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c).	16 MAR DECEASED EN				117 16		or after after all a 1881.	INT Ba					
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c). DUE TO Conditions, if any, which gove rise to immediate gove rise to immediate plus to cause (c), stoling the under lying course last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERF	(Aer to or numbers)						in Mas	on-Ja			l.−Cr	isfi	eld,
OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER OR CONTRIBUTING DATE OF DEATH OR CONTRIBUTION DATE OF DATE	gave rise to cause (e), stoting lying cause last PART II. OT	any, which immediate at the under: DUE TO CHER SIGNIFICANT CON)			P-1010 Vb	<u> </u>		E CONDITION GI	/EN IN PA	6	P. WAS	AUTOPSY RMED?
Hour a. st. 19 While of work of white at wark of cotory, street, affice bldg., etc.) 21. I certify that I attended the deceased fram. Massk 15, 19, 44, to May 25, 19, 56, that I last saw the decease alive an	OR CONTRIBUTING												
actual signature Coloring M.D. Creffeld, Md. 220 Burial, Cremation, Premoval, (Specify) May 27, 1956 Mariners Gemetery Crisfielu, Naryland 23. Funeral Director's Signature actual signature Coloring M.D. Creffeld, Md. 240. Reco by Registrar 240. Registrar's Signature 240. Reco by Registrar 240. Registrar's Signature	Hour c. jr.	19	While of wor	k at wark	fac	tory, street, affici	e bidg., etc.		·				
220 BURIAL CREMATION 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) May 27, 1956 Mariners Cemetery Crisfield, Naryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE	Cope	, 12.ii	2_ 6 , and that a	death	occurred at	9:501 Cri	ADORESS (St	the causes of the total	and on the state)	the da	the state	decease ed abave TE SIGNE
Burilines Cemetery Crisfielu, Naryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	220 BURIAL CREMATION	ON. 226 DATE THEREC		22c. NAME OF CEMET	ERY OF		ruraLII C	22d LOCAT	ION (City, town,	or county)	alle della propertie de la	(State	e)
Designation of Control of the Contro	Buriatione	May 27,	1956	Mariners	Cen	etery		Cris	fielu, M	ar/la	nd	,- 5.	
			risfi		and								lossa

5 ° A ON ...

ABE

dence before admission) omerset

nd give nearest town)

Day

USA

DER TYEAR IF UNDER 24 HRS Hours

CITIZEN OF WHAT COUNTRY?

. IS RESIDENCE ON A FARM? YES 🔲 NO 🎊

> Year 56 10

	5497		CERTIFICA	AT	E OF DEATH			Reg.
PLACE OF DEATH COUNTY	Somerset		MARYLAND	2.	USUAL RESIDENCE (Who o. STATE Marylan	re decease	d lived If institute 6 COUNTY	
c. CITY OR TOWN (If RURAL and give ne	outside corporate limi orest town) Crisf	is, write	c. LENGTH OF STAY IN 16 Lifetime		c CITY OR TOWN (If or Crisfie		orote limits, write R	URAL o
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitel, o McCre		oddress) Hospital		d. STREET ADDRESS 16 Mary	land	Ave.	
NAME OF DECEASED (Type or print)	JOHN	st	Middle CLARENCE		STEPHENS	4. DATE OF DEATH	May	th
EX	6. COLOR OR RACE	7- MARR	HED NEVER MARRIED	B. C	ATE OF BIRTH		9 AGE (In years	IF UNE
Male	White	widowi	ED DIVORCED	Fe	ъ. 28, 1899		lost birthday) 57 yrs.	Month
usual occupation during most of work Blacksmith	N (Give kind of work or ing life, even if retired	ione 10b. Se	KIND OF BUSINESS OR INDU Bafood Utensil	STRY	Shelltown,	r foreign o	land	12.
FATHER'S NAME				1	4. MOTHER'S MAIDEN N			
	Carl Ste	phens	5		Eliza	beth	Hall	

	WAS DECEASED EV to or unknown! NO	/ER IN U. S. ARA Itt yes, give wor o	AED FORCES?	16. SOCIAL SECURITY NO 228-18-2449	17. INFORMANT Mrs. Mildr	ed Stephens-16	Maryland	AveCrisfiel
	18. CAUSE OF DE PART 1. DE	EATH [Enter onleanth WAS CAUS	y one couse p ED BY: AUSE (a)	Cron Ny	Thrombox	i.		INTERVAL BETWEEN ONSET AND DEATH 3-4 Claus
	Conditions, if gove rise to couse (o), stating	immediale (DUE TO	Premions	attach of	2 same	· · · · · · · · · · · · · · · · · · ·	1955
FICATION		THER SIGNIFICA	Cari	enona o	Poladd			I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTI	20a. ACCIDENT W OR CONTRIBUTING UF EITHER, NOTIF	G CAUSE OF	DEATH	DESCRIBE HOW INJURY OCC	IURRED. (Enter nature of	injury in Port I or Part II of ite	m 18.)	

MEDICAL 20c. TIME OF INJURY Day, Year Hour o. n.

20d. INJURY OCCURRED Not while at work 🔲 at work

20a. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(State)

21. I certify that I attended the deceased from May 10 , 1956, to May 31 ___, 19____,that I last saw the deceased _, and that death occurred a MASS P.M. from the causes and an the date stated above. DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S

C. G. Rawley

St .-- Crisfield, Maryland

220. BURIAL CREMATION, 22b. DATE THEREOF BUTTAL May 24. 1

NAME (Type)

May 24, 1956 22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery 21d. LOCATION (City, town, or county)
Crisfield, Maryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Bradshaw & Sons-Crisfield, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO FUNERAL

VS A15 (4) 15M 9/55

20

y the ottending physicion and completely filled in by 17 8 fun. Then please remper, carbon popers. Pages 1 and 2 should event within 72 fours after death.

10a

13,

PHYSICIAN: The low requires that the death certificate be executed within

by the offending

NDING PHYSICIAN: 1.10.

The hospital or altending physician.

R. After this certificate has been signed by if the for use as the barial-transit permit.

The for use as the barial-transit permit.

page 3 should be detached for use as the the registrar prior to burial, cremation, or

TOR:

DECEIVED 1650

eneera A. Z

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 05495

5499

CERTIFICATE OF DEATH

Pan Diet No. 565

1. PLACE OF DEATH 0. COUNTY	Somerset		MARY	LAND	2 USUAL RESIDE 0. STATE Ma	ence (whe			institutio OUNTY		ence befo		sian)
, RURAL and give	N (If outside corporate limite nearest town)	ts, write	3 Years	IN 16	c. CITY OR TO	own (If a		orate limits,	write R	URAL and	give ne	arest low	n)
	rion Station SPITAL (If not in hospital, (DN	give street			d. STREET AD	DRESS	Disti	rict				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii ADD	•	Middle M.		Last TYLER		4. DATE OF DEATH	1	Man Tay	th 7	De		Year 19 56
5. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE	la made	Mar. 31,	1868	8	9 AGE (III logs birt	n years thday)	IF UNDE Months	P 1 YEAR		ER 24 HRS
100. USUAL OCCUPA during most of v Housewi	ATION (Give kind of work working life, even if retired LTC	done 10b	KIND OF BUSINESS OF	RINDU	STRY 11 BIRTHPLA Westov	CE (Stote o	or foreign o	and	····		S A		T COUNTRY
13. FATHER'S NAME	Washington	n Boz	man		14. MOTHER'S A		nn Nel	lson					
15. WAS DECEASED ((Yes no, or unknown) NO	EVER IN U. S. ARMED FOR (If yes, give wor or dotes of i	CES? 16.	social security no. None		NFORMANT rs. Louis	Hal	lMai	rion S	Stat		Md.		A Particular de
Conditions, if gave rise to cause (a), stati	f any, which a limmediate ong the under-	, Ch	NOUICE W	ujo	estate NOT RELATED TO T	- ب	Chri	nep	s d his			yes IP WAS	<i>o</i> :
PART II. (WAS UNDERLYING ING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of i	injury in P	art I or Par	t II of item	18.)				NO
	JURY Month, Day, Ye	While	NJURY OCCURRED Nat white		ACE OF INJURY (He ctory, street, office I			or town)	••		(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	George C.	Coulb	le,, and that	death	M.DA	Li 30 Mari	on Sta	n the confront tion	vses or town,	and an state)	the do	ite stati	ed above ATE SIGNE -9-5
23. FUNERAL DIRECTO Bradshav			ADDRESS		2		BY REGIST	TRAR 24	b. REGIS	TRAR'S S	-		yne

BUREAU V. S.





		ATE DEPARTME			
5500	MEDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	

,	U	5	49	b
eg.	Dist.	No.	2	63

	1 (PLACE OF DEATH OF COUNTY	nknown		MARYL	- 11	2. USUAL RESIDENCE (V 0. STATE Union		b. COL		ice before ad NOWN	imission)
	ŧ	o. CITY OR TOWN (If a end give nearest town)	Unknown	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (H		rporole limits, w	rite RURAL and	give nearest t	town)
	6	. NAME OF HOSPITA	Unknown	If not in	hospital, give street address		d. STREET ADDRESS Unknown	awo			, OI	RESIDENCE N A FARM?
1	1.	NAME OF DECEASED (Type or print)	Fir	# UNKN	Middle NOWN		Lest	4. DATE OF DEATH		nown	Day	Year 19
		Vale	White	WIDO	RRIED NEVER MARRIED	3	Unknown				YEAR IF UN loys Hours	Min.
1	100	USUAL OCCUPATION during most of working United Marking	N (Give kind of work life, even if relired) D.	done 10	b. KIND OF BUSINESS OR II	NDUSTRY	11. SIRTHPLACE (Side Unknown	ar foreign	country]	12. CITIZ	Unkno	T COUNTRY?
	13.	FATHER'S NAME	Unknown			1	4. MOTHER'S MAIDEN N Unknow					
		WAS DECEASED EVER	R IN U. 5 ARMED FO		16. SOCIAL SECURITY NO.		S. Coast G	urd	-Crisfie		yla nd	
J		PART I. DEATH	WAS CAUSED BY, MMEDIATE CAUSE (c) DUE TO y, which ole couse		decidental Dro (Remains disco Bay. Identified state of decoments) (Bod	overe ficat	ed by Coast	a. In	n an adv	anced	INTERVAL BETY	WEEN YEATH
- 10	MEDICAL CERTIFMENTION	20g. EXTERNAL CAUS PRIMARY D or CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m.	ER SIGNIFICANT CON	DITIONS	CR.BE HOW INJURY OCCURED Od. INJURY OCCURED Od. Motor of the of the other of the	RED. (Ente		1 o/16i	Herme H	Coulb	PERF YES □	M. D
1		death resulted		of th	e remains described s , Accident ,	Suicio				, Inquiry d couse .		
	-	EXAMINER'S Dr			Coulbourn		A.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMIN EXAMINER	ER 🗆		June	2, 1950
		BURIAL, CREMATION REMOVAL (Specify)	June 1,1	-	no. NAME OF CEMETER Sunnyridge		etery	Cris		Marylan	d	ole)
	23.	FUNERAL DIRECTOR'S Bradshaw		risi	ADDRESS Sield, Marylas	nd	DATE Q	D BY REGIS		EGISTRAR'S SIGN	0	lame

VS. A15ME(5) 5M 9/55

9 NOT

H

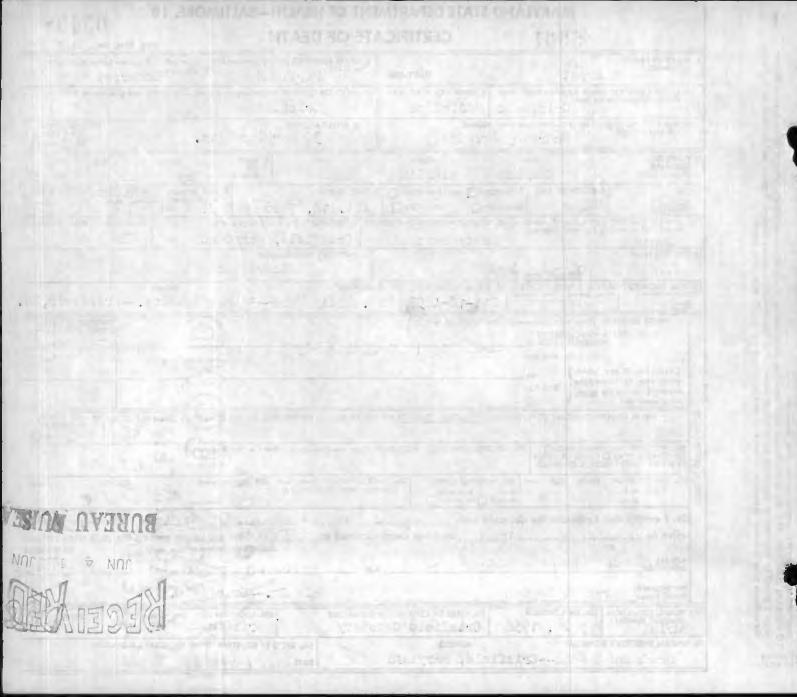
VS A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5501 CERTIFICATE OF DEATH

()5498 Res. Dist. No. 245

										-	4 4	4
1. PLACE OF DEATH c. COUNTY Soi	merset		MARYLA	- 11	a STATE	ryla:		lived. If institute b. COUNTY			admissi	on)
b. CITY OR TOWN (IF RURAL and give nec			Lifetime	1 1ь		WN (If or isfi		ote limits, write l	RURAL and g	ive neare	est lown)	39
d. NAME OF HOSPITA OR INSTITUTION			oddress) Iospital		d. STREET ADD		yland	Ave.				DENCE FARMS
3. NAME OF DECEASED (Type or print)	Fie CHA	RLES	Middle WILLIAM		Lost WARD		4. DATE OF DEATH	May	26	Day		eor 9 56
5. SEX Male	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED ED DIVORCED		oate of Birth	189		9. AGE (In years lost birthdoy) 59 yrs.	IF UNDER 1		F UNDEI Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of warking OWNER 13. FATHER'S NAME	N (Give kind of work on ng life, even if retired	_	KIND OF BUSINESS OR lestaurant		Crisfi 4. MOTHER'S MA	eld,	Maryl	-	US		WHAT	COUNTRY
The state of the s	Charles	Ward	I		T. MOTHER 3 Mr		ura Wa	ard				
IS. WAS DECEASED EVER (Yes, no. or unknown) (H	IN U. S. ARMED FOR	nevical I	SOCIAL SECURITY NO. 15-18-4059	Mrs.		Ward	30 h	Add faryland		Cris	fie	ld, Md
Conditions, if an gave rise to im cause (a), stating the lying cause last.	mediate DUE TO)	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO TH	E TERMIN	JAL DISEASE	CONDITION GIV	VEN IN PART	1(0) 19.	PERFOR	UTOPSY RMED?
PART II. OTHE			CRIBE HOW INJURY OCC	CURRED. (E	inter noture of in	ijury in Po	art I ar Port	tl of item 18.)			YES 🔲	NO []
20c. TIME OF INJURY Howr s. 71. p. m.	Month, Day, Yes	While	Not while at work	de. PLACE factory	OF INJURY (Hon , street, office blo	ne, form, dg., etc.)	20f. (City	or town)	(0	ounly)		(Stote)
actual SIGNATURE	rah M. Pey	12.1 ton	22c NAME OF CEMETE Crisfield	M.D.	curred at	Mse n St	M, fram DORESS (SIN	the causes of th	and on the stotal Md.	e date	state	d above TE SIONED 129/2
23. FUNERAL DIRECTOR'S Bradshaw	SIGNATURE		ADDRESS eld, Maryla	nd		o. REC'D	BY REGISTR		STRAR'S SIGI		51-	



may be now by the haspital ar attending physician.

PENDERAL FECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar removal, and in adv event within 72 hours after death. TO FUNERAL

VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5502

CERTIFICATE OF DEATH

05497

The state of the s										F. T. T.	-
1. PLACE OF DEATH a. COUNTY	Somerset		MARYLA	11 0	STATE MARY	(Where deceased	lived. If institut b. COUNTY			admission)
b. CITY OR TOWN RURAL and give	(If autside corporate limit	ts, write	LENGTH OF STAY IN	1b c	. CITY OR TOWN	(If outside corpor	ote limits, write l	RURAL and g	ive neare	si town)	
	Crisf		Lifetime		Cris	field					3
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, g McCre		ospital		d. STREET ADDRES	ss sonville	Rd.			ON A FA	ARM?
3. NAME OF	Fire		Middle		losi	4. DATE	Мо	- BA			Load V
(Type or print)	WELDON		WILLIAM		WARD	OF DEATH	May		Day	Yed 19	56
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			
Male	White	WIDOWED	DIVORCED [3 Se	pt. 22,	1893	62 yrs.	Months	Doys I	tours	Min.
Road En	ION (Give kind of work of orking life, even if retired) gineer	ione 10b. KI	nd of Business or i	Comm.	11. BIRTHPLACE (S	itale or foreign co	untry)	US.	ZEN OF	WHAT CO	DUNTRY
13. FATHER'S NAME				14.	MOTHER'S MAID						
	James B.	Ward			C	harlotte	Dize				
15. WAS DECEASED EN	/ER IN U. S. ARMED FOR	tanium	0-34-7582	Wade		-Jackson		lCri	sfiel	ld, M	1d.
Conditions, if gave rise to cause (a), statin lying cause last	g the under-	ai	rebral Va	wi.	/day	Tempa DISFASE	CONDITION GI	VFN IN PART	29	V de	ye TOPSY
PART II. O Previous 200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	~ CVA	ant.	ngocarde	il I.	efactor	w				PERFORM ES N	NED?
OR CONTRIBUTIN	VAS UNDERLYING THE CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCR	IBE'HOW INJURY OCC	URRED. (Ent	er noture of injury	y in Port I or Part	II of item 18.)				
20c. TIME OF INJU	10	While at work	Not while	e. PLACE O fectory, s	F INJURY (Home, treet, office bldg.,	form, 20f. (City , etc.)	or town)	(C	ounty)		(State)
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AM. Barr	deceased 125 Ban	from, and that de		***	A.M. from	eet, city at lown,	and on th			
220. BURIAL, CREMATI REMOVAL (Specif BUT18	ON. 226. DATE THEREO	956	20. NAME OF CEMETER Sunnyridg				ield, Mo			(State)	
23. FUNERAL DIRECTO	rs signature V & SongCr	isfie	ADDRESS			REC'D BY REGISTR	. 0	STRAR'S SIG	0	60.	. /

All so side ALAZZIVICAJON The state of the s The second secon A TOTAL CONTRACTOR AND AND ADDRESS OF THE PARTY OF THE PA ager is YAM